



COMPRESSOR SERVICE REQUEST

Please complete with as much information as possible.

NAME OF BOAT: _____ DATE: _____

LOCATION OF BOAT (MARINA / SHIPYARD): _____

NAME OF CONTACT: _____

PHONE NUMBER: _____

EMAIL: _____

ESTIMATED DATE(S) OF REQUIRED SERVICE: _____

COMPRESSOR INFORMATION:

1. MANUFACTURER OF COMPRESSOR: _____

2. MODEL NUMBER: _____

3. SERIAL NUMBER: _____

4. FILTER MODEL: _____

5. CARTRIDGE NUMBER(S): _____

6. AIR TEST- YES NO

Please email information to: getwet@lauderdalediver.com or fax to: (954) 357-1046

For questions and urgent repairs call: (954) 467-2822

Lauderdale Diver

1334 SE 17th Street, Fort Lauderdale FL 33316

Phone: (954) 467-2822 Fax: (954) 357-1046

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